

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** CHAMOMILE ASSISTED LIVING LTD (0008514)

**Address:** 22 MILO LANE, MADISON, WI 53714

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/30/1999

**Regional Office:** SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History**

**Survey ID:** 0096852      **End Date:** 04/13/2006      **Type:** STANDARD      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008365    Served 05/06/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION		
83.32(2)(d)	REVIEW OF PROGRESS		
83.32(3)	SIGNING ASSESSMENT AND ISP		

**Survey ID:** 0094595      **End Date:** 04/15/2005      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

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Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Enforcement History**

**Date:** 05/02/2006      **SOD #**10008365      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.19(1)(d)

FORFEITURE---83.32(2)(d)

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Complaint History**

**Date Complaint Received: 02/13/2006**

**Date Investigation Completed: 04/13/2006**

Subject Area(s)

RESIDENT RIGHTS  
HOMELIKE ENVIRONMENT & CLEANLINESS  
NUTRITION & FOOD SERVICES  
MEDICATIONS

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 04/05/2005**

**Date Investigation Completed: 04/15/2005**

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE  
PROGRAM SERVICES

Result

SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

NOT RECORDED

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